DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 70040111-1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name:

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SAMPLING FOR							n chatica.	
the specification of whi	ich is attac	hed hereto	unless the following	box is checked	:			
was filed on the was fi	on a and was	s US Applic amended	cation Serial No. or I on (if applicat	PCT Internationable).	al Application			
I hereby state that I ha amended by any amer patentability as defined	ndment(s)	referred to	erstood the contents above. I acknowled	of the above-id ge the duty to di	entified specifica sclose all inform	ation, including aation which is	the claims, as material to	
Foreign Application(s) a I hereby claim foreign pric certificate listed below an the application on which p	ority benefit d have also	s under Title identified be	35, United States Cod					
COUNTRY		APPLICATION NUMBER			DATE FILED		PRIORITY CLAIMED UNDER 35 U.S.C. 119	
							YES: p NO: p	
			· · · · · · · · · · · · · · · · · · ·				YES: D NO: D	
Provisional Application I hereby claim the benefit under Title 35, Unit			States Code Section 11	9(e) of any United	d States provisiona	al application(s)	listed below:	
		APPLICATION	SERIAL NUMBER		FILING DATE			
	-							
I hereby claim the benefit subject matter of each of paragraph of Title 35, Uni Federal Regulations, Sec of this application: APPLICATION SE	the claims of th	of this application of this application of the contraction of this application of this application of the contraction of the co	ation is not disclosed in 112, I acknowledge to red between the filing	n the prior United the duty to disclose	States application material informat	in the manner pation as defined in national or PCT	rovided by the first n Title 37, Code of	
								
POWER OF ATTORNEY As a named inventor, I he and Trademark Office cor Cus	ereby appoi	rewith:	ng attorney(s) and/or a	Place (ute this application Customer Bar Code el here	and transact all	business in the Patent	
Send Correspondence to : AGILENT TECHNOLOGIES, INC. Legal Department, DL 429 Intellectual Property Administration P.O. Box 7599 Loveland, Colorado 80537-0599			Direct Telephone Calls To John Imperato OR (650) 485-5511		OR D	: Doug Weller (408) 985-0642		
I hereby declare that a belief are believed to b like so made are punis such willful false stater	e true; an hable by f	d further tha	at these statements sonment, or both, ur	were made with nder Section 100	the knowledge to the	that willful false the United Stat	e statements and the	
Full Name of Inventor Residence: 11 Cang Post Office Address:	kat SG. A	Ara 7, 1190		Penang, Mala		tizenship: Ma	llaysian	
- Krohn -		<u> </u>		_	3/8/	04		
Inventor's Signature					Date			

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (Continued)

ATTORNEY DOCKET NO.70040111-1

Full Name of #2 joint Inventor: Choon Guan Ko Residence: 31A-20-05, Lorong Pekaka 1, Sg Dua, 11700, Penang, Malaysia Post Office Address: NoneUse Residence Address	Citizenship: Malaysian
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× W-	03 08 2004
Inventor's Signature	Date
Full Name of #3 joint Inventor: Chun Hean Cheah Residence: 20, Lorong Air Terjun, Waterfall Garden, Pulau Tikus, 10350, Penang, Malaysia Post Office Address:	Citizenship: Malaysian
	03/08/2004
Inventor's Signature	Date
Full Name of #4 joint Inventor: Residence: Post Office Address:	Citizenship:
1 03t Office Address.	
Inventor's Signature	Date
Full Name of #5 joint Inventor: Residence: Post Office Address:	Citizenship:
Inventor's Signature	Date
Full Name of #6 joint Inventor: Residence: Post Office Address:	Citizenship:
Inventor's Signature	Date
Full Name of #7 jointInventor: Residence: Post Office Address:	Citizenship:
Inventor's Signature	Date
Full Name of #8 joint Inventor: Residence: Post Office Address:	Citizenship:
Inventor's Signature	Date
Full Name of #9 joint Inventor: Residence: Post Office Address:	Citizenship:
Inventor's Signature	Date